

PROGRAM EVENTS

WEDNESDAY, MARCH 2, 2005

6:30 a.m. - 7:30 a.m.	Start the Day with Healthy Activities - Fun Exercise Routine	
7:00 a.m.- 5:30 p.m.	Registration	Marquis Registration Booth
8:30 a.m.- 9:45 p.m.	Welcome and Plenary Presentation	
9:45 a.m.- 10:15 a.m.	Exhibit Break and Refreshments Poster Session with the Authors	International Ballroom - Exhibit Level
10:15 a.m.- 12:00 p.m.	CDD Awards and Plenary Presentation	
12:00 noon- 1:30 p.m.	Lunch on Your Own/Networking	Exhibits Open
12:00 noon- 1:30 p.m.	Gold Medal Mile -	Centennial Olympic Park
1:30 a.m.- 2:30 p.m.	Concurrent Sessions	
2:30 p.m.- 3:00 p.m.	Exhibit Break and Refreshments Poster Session with the Authors	International Ballroom - Exhibit Level
3:000 a.m.- 4:00 p.m.	Concurrent Sessions	
4:15 a.m.- 5:15 p.m.	Concurrent Sessions	
6:00 p.m. - 8:00 p.m.	Gala Networking Reception -	Atlanta Mart

WEDNESDAY, MARCH 2, 2005

WELCOME AND OPENING REMARKS

8:30 a.m.– 8:45 a.m.

Welcome Remarks
Marriott Ballroom

Presenter/Speaker
Julie A. Harvill, MPA, MPH
Illinois Department of Public Health

PLENARY PRESENTATION

8:45 a.m.– 9:45 a.m.

Access and Other Challenges
Marriott Ballroom

Presenter/Speaker
Dean Ornish, M.D.
Preventive Medicine Research Institute

Presenter/Speaker
Andrew Agwunobi, M.D., M.B.A.
Grady Health System

As president and chief executive officer of Grady Health System in Atlanta, the largest public hospital-based health system in the Southeast, Dr. Andrew Agwunobi is familiar with the challenges of ensuring uninsured and underinsured patients receive equal treatment in a health care setting. What can health care providers do to help eliminate disparities in care? How can we better educate health care providers about health care inequities? How can we bridge the gap between individuals at risk and health care providers? Dr. Agwunobi will take attendees through a series of alternatives and more rigorous approaches to address the issues of access and quality of care, including methods for educating health care providers about health disparities.

WEDNESDAY, MARCH 2, 2005

CDD AWARDS PLENARY

10:15 a.m.– 10:30 a.m.**Marriott Ballroom**

The Joseph W. Cullen Award for Outstanding Contributions to Chronic Disease Prevention and Control is given to an individual outside the traditional public health field who has made outstanding contributions in the field of chronic disease. Julie Harvill of the Illinois Department of Public Health will present the award, which honors the memory of Joseph W. Cullen, Ph.D. Dr. Cullen served as Deputy Director of the National Cancer Institute's Division of Cancer Prevention and Control and is known as the architect of the National Cancer Institute's Smoking and Tobacco Control Program. This year's recipient is Dr. David Kessler, Dean of the University of California San Francisco School of Medicine. While serving as Commissioner of the FDA, he began looking into the regulation of nicotine as a drug and was instrumental in convincing President Clinton to enact tough federal regulation of tobacco. He had the courage to take on the tobacco industry at a time when everyone said it was impossible. In addition to spearheading the FDA regulation of tobacco, Dr. Kessler is credited for much of the groundwork for the Attorney General lawsuits against the tobacco industry that resulted in billions of dollars being awarded to states with some funds used for tobacco prevention.

The Legislator of the Year Award is given to a legislative champion who has substantially assisted in the advancement of the association's goals by introducing or supporting legislation or amendments, including appropriation legislation, that reduce the chronic disease burden. Mayor Michael Bloomberg of New York City strongly supported a 100 percent smoke-free ordinance for the most populous city in the United States. Mayor Bloomberg ignored political opposition and did what was right for public health. As a result of his efforts, secondhand smoke exposure was reduced for millions of citizens.

WEDNESDAY, MARCH 2, 2005

10:30 a.m.- 12:00 noon

Plenary Panel Presentation: CHALLENGES
Marriott Ballroom

Moderator

Mehmet C. Oz, M.D., F.A.C.S.
Columbia University College of Physicians and Surgeons

Presenter/Speaker

Sheldon Greenfield, M.D.
University of California Irvine

Presenter/Speaker

Kimberlydawn Wisdom, M.D.
Michigan Department of Community Health

Presenter/Speaker

Dr. Michael Montijo
Senior Vice President for
Government Operations at American Healthways

Presenter/Speaker

Maxine L. Golub
The Institute for Urban Family Health

Featuring Dr. Sheldon Greenfield, Chair of the Institute of Medicine's Unequal Treatment Report; Dr. Kimberlydawn Wisdom, first state level Surgeon General from Michigan; and Maxine Golub, Senior Vice President of the Institute for Urban Family Health, this panel will grapple with the tough issues facing public health professionals today, including the benefits of building partnerships and coalitions to address access and quality issues that influence health care disparities. Along with moderator Mehmet Oz, M.D., of Columbia University, these dynamic leaders will focus on the development and implementation of multilevel strategies to address racial and ethnic disparities in health. With panelists from various levels of the public and private sectors, attendees will gain insight into aspects of community action and programs at all levels.

WEDNESDAY, MARCH 2, 2005

D01 FOCUSING ON NEW PARTNERS: MOVING TOWARD FAIRNESS AND EQUITY

1:30 p.m.- 2:30 p.m.

Bonn

Moderator

Sherri L. Payton, B.S.

North Dakota Department of Health

Presenter/Speaker

NIKE GO

Sarah Martin, M.P.H.

CDC

Presenter/Speaker

Developing Partnerships to Address Chronic Disease in the Pacific Islands

Raubane Kirimaaua, Ph.D., M.P.H.

Pasifika Health Reform Ministry- Health for All, Inc.

Presenter/Speaker

California's

Eric Mandell, B.S.

California Department of Health Services

A panel of presenters will discuss the pivotal issues that brought them together with a new partner. Participants will gain an understanding of the creativity necessary to develop innovative partnerships. Presenters will convey the advantages, disadvantages, and ongoing challenges they face in developing and maintaining innovative relationships. Participants will learn how to identify non-traditional partners to reach specific, disparate populations. Focus will be given to illustrating the techniques panelists have used to maintain long-term partnerships.

WEDNESDAY, MARCH 2, 2005

D02 COMMUNICATION AND COMMUNITY

1:30 p.m.- 2:30 p.m.

Champagne

Moderator

Lorraine Adams, BA
NCPHI

Presenter/Speaker

Ricardo Wray, PhD
Saint Louis University School of Public Health

Presenter/Speaker

Arturo Vasquez
Hispanic Radio Network

A scholar from one of the nation's schools of public health will present current research and critical thinking on how communication initiatives complement community-based health promotion programs. A health advocacy group's efforts to foster public-private partnerships between local businesses and community-based organizations will be discussed. And, an executive from one of the nation's leading producers and distributors of Spanish-language informational and educational programming for radio will discuss turnkey approaches to health promotion and experiences with community special events and issue mobilization campaigns.

WEDNESDAY, MARCH 2, 2005

D03 USING SURVEILLANCE AND TECHNOLOGY TO CONFRONT PUBLIC HEALTH CHALLENGES ALONG THE U.S.-MEXICO BORDER

1:30 p.m.- 2:30 p.m.

Picard/Chablis

Moderator

Connie L Kohler, MA, DrPH
UAB Center for Health Promotion

Presenter/Speaker

The Brownsville-Matamoros Sister City Project for Women's Health
Jill McDonald, Ph.D.
Centers for Disease Control and Prevention

Presenter/Speaker

Setting the Stage: Public Health Challenges Faced by Residents of the US-Mexico Border
Carmen Sanchez-Vargas, M.D., M.O.H., M.P.H.
Centers for Disease Control and Prevention

Presenter/Speaker

Introduction to GIS and a Real World Application: Examining Obesity along the US-Mexico Border
Candace Rutt, Ph.D.
Centers for Disease Control and Prevention

Surveillance of behavioral risk factors is an important tool to monitor the distribution over time of behaviors that contribute to chronic disease conditions. This fact is particularly important in the United States-Mexico border region, given the dynamics of a resident population that frequently crosses over in both directions for health care, work, and social reasons. Presenters will describe the prevalence of poor diet, overweight, and lack of physical activity that are reaching epidemic proportions among residents of the border region. Establishing a border-wide chronic disease behavioral risk factor surveillance system that collects uniform data from residents living on both sides of the U.S.-Mexico border will help to identify behaviors that can be targeted with the most appropriate chronic disease prevention strategies. This session will describe the challenges surveyors have had in developing a border-wide surveillance system. This session also will outline two efforts currently underway to gather relevant data:

- 1) "The Brownsville-Matamoros Sister City Project for Women's Health." This pilot project is designed to collect data from women who give birth to live-born infants in a hospital setting. Data collected through this project will encompass issues related to risk factors for adolescent pregnancy, infant mortality, and gestational diabetes, as well as information on physical activities, dietary practices, cervical cancer screening, and knowledge of HIV transmission and prevention.
- 2) In the "Introduction to GIS and a Real-World Application: Examining Obesity along the U.S.-Mexico Border," participants will learn how a geographical information system (GIS) can be used effectively to examine the spread of obesity in the U.S.-Mexico border region.

WEDNESDAY, MARCH 2, 2005

D04 MINORITY WOMEN'S PARTICIPATION IN CANCER SCREENING

1:30 p.m.- 2:30 p.m.

Rhine/Savoy

Moderator

Marsha B Henderson, M.C.R.P.
FDA/Office of Women's Health

Presenter/Speaker

National Breast and Cervical Cancer Early Detection Program: 1991-2002
National Report

A. Blythe Ryerson, M.P.H.

Centers for Disease Control and Prevention, National Center for Chronic
Disease Prevention and Health Promotion

Presenter/Speaker

Taking Care of Yourself: Factors Influencing African American Women's
Participation in Breast Cancer Screening

Cobie Whitten, Ph.D.

Washington State Department of Health, Washington Breast & Cervical
Health Program

Presenter/Speaker

Taking Care of Yourself: Factors Influencing African American Women's
Participation in Breast Cancer Screening

Ellen Phillips-Angeles, M.S.

Public Health-Seattle & King County, Women's Health Unit

This special session, on minority women's participation in cancer screening, provides summaries of the Washington Breast and Cervical Health Program (WBCHP) and the 1991-2002 National Report on the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Participants will learn that the WBCHP, whose goal is to reduce breast and cervical cancer morbidity and mortality among uninsured women with limited incomes, was the first study to identify barriers and beliefs of women who decided not to have a mammogram. Presenters will shed light on assumptions of breast cancer screening programs and the results of the study, which refuted such assumptions. Then, participants will learn about the National Report on the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which is one of the largest efforts in chronic disease prevention and control ever undertaken by a federal government agency. Presenters will summarize the organization, history, and future direction of the NBCCEDP as well as the screening and diagnostic outcomes for breast and cervical cancer in the NBCCEDP.

WEDNESDAY, MARCH 2, 2005

D05 NATIONAL STRATEGIES TO IDENTIFY AND DISSEMINATE EVIDENCED-BASED PROGRAMS

1:30 p.m.– 2:30 p.m.

Consulate

Moderator

Julie A. Marshall, PhD

Rocky Mountain Prevention Research Center, University of Colorado Health Sciences Center

Presenter/Speaker

Challenges in Disseminating Evidence-Based Programs to Eliminate Disparities: A Multi-Issue Roadmap

Cynthia Vinson, M.P.A.

National Cancer Institute, Cancer Control and Population Studies

Presenter/Speaker

Selecting Best Practices for Disparities Interventions in the National Healthcare Disparities Reports

Karen K. Ho

Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, National Healthcare Disparities Report

This panel presentation will describe efforts to identify and disseminate evidence-based best practices for eliminating health disparities and reducing the burden of disease. The National Healthcare Disparities Report (NHDR), for example, provides an assessment of disparities in health care among racial, ethnic, and socioeconomic groups in the general U.S. population. The report also is used to highlight selected programs and interventions that have been successful at reducing health care disparities. Participants will learn about the goals of the NHDR, how the report can be used to inform policy and interventions, and the role of best practices in the report. Following that, participants will learn of the “Strategic Plan to Reduce Health Disparities,” a report from the National Cancer Institute (NCI) that seeks to understand the causes of health disparities in cancer and to develop effective interventions to eliminate these disparities. The presenter will share what NCI and its partners have learned about barriers to disseminating evidence-based interventions to reduce cancer disparities as well as ways to address barriers and create new models for dissemination by linking dissemination methods to issues and factors of greatest needs. Ultimately, participants should be able to relate the priorities that were identified in each NCI investigation to their own knowledge of priorities in reducing disparities.

WEDNESDAY, MARCH 2, 2005

D06 NAMING AND MEASURING RACISM TO ADDRESS HEALTH DISPARITIES

1:30 p.m.– 2:30 p.m.

Sydney

Moderator

Camara P. Jones, M.D., M.P.H., Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Camara P. Jones, M.D., M.P.H., Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

This session will present the work of the Measures of Racism Working Group in developing two types of measures of racism. Analyses of data from the “Reactions to Race” module that was piloted on the 2002 Behavioral Risk Factor Surveillance System by six states (California, Delaware, Florida, New Hampshire, New Mexico, and North Carolina) will be presented. Data was helpful in identifying racism as a system of structuring opportunity and assigning value based on the social interpretation of how we look (which is what we call “race”). Interesting results include the relationship between responses to “How often do you think about your race?” and general health status, the relationships between self-identified and socially-assigned “race” and their roles as predictors of health status, and variations in “race” consciousness by “race” and state. In addition, early work on the development of qualitative measures of institutionalized racism, which allow identification of targets for intervention, will be shared.

WEDNESDAY, MARCH 2, 2005

D07 ACCESS AND QUALITY: CHRONIC DISEASE MANAGEMENT AND AMERICA'S HEALTH CENTERS

1:30 p.m.- 2:30 p.m.

Stockholm

Moderator

Suzanne L. Feetham, Ph.D., R.N.

Health Resources and Services Administration

Presenter/Speaker

Suzanne L. Feetham, Ph.D., R.N.

Health Resources and Services Administration

Presenter/Speaker

Sam Shekar, M.D., M.P.H.

Health Resources and Services Administration

Presenter/Speaker

Beechra Chouvair, M.D.

Crusader Central Clinic Association

Presenter/Speaker

Ann Lewis, M.B.A.

Care South Carolina, Inc.

The federal health center program provides primary health care access for populations not currently being served and penetrating deeper into currently underserved populations. Chronic disease is an important and growing cost driver for health centers. Between 1998-2003, encounters for diabetes grew at a 57% rate, up from 1.4 million to 2.2 million. Similarly, hypertension encounters grew 42%, up from 1.9 million to 2.7 million. The burden of these conditions on health centers and the nation will only increase as the prevalence of obesity and diabetes increase in pediatric and young adult populations, especially among populations traditionally served by health centers - the poor and racial and ethnic population. The health center program model provides access to quality, culturally competent primary health care with no disparities due to race, ethnicity, income, and insurance status. In this session, components of this model are described including the Federal 330 model of an integrated health delivery system for comprehensive community based primary health care and the Health Disparities Collaboratives model for system change for quality improvement. Health centers are targeting chronic illnesses such as asthma, cardiovascular disease, and diabetes, assuring delivery of evidence-based health care, and actively helping patients and families to participate in their own care. This approach, coupled with a strong prevention component, is improving the health status outcomes for people served in health centers and is helping to close the health disparities gap between this population and the general population. HRSA's Bureau of Primary Health Care will present national outcome data on chronic care management, and representatives from Federally Qualified Health Centers will present the application of local and state data. Recommendations for application of this model in other primary health care systems will be presented.

WEDNESDAY, MARCH 2, 2005

D08 PUBLIC HEALTH'S ROLE IN IMPLEMENTING HEALTH CARE SYSTEMS CHANGE TO IMPROVE QUALITY OF CARE

1:30 p.m.– 2:30 p.m.

International 8

Moderator

Belinda Minta, M.P.H.

Centers for Disease Control and Prevention

Presenter/Speaker

Jan Norman, R.D., C.D.E.

Washington State Department of Health

Presenter/Speaker

Linda Faulkner

Arkansas Department of Health

Presenter/Speaker

Susan Chappell Witt

North Carolina Department of Health & Human Services

Multiple approaches exist and are being employed to bring about systemic changes within hospitals, community health centers, health plans, and provider practice settings to improve quality of care. The Chronic Care Model, for example, has been used within health care systems to improve the quality of care and overall management of cardiovascular disease, diabetes, cancer, and depression. During the session, presenters will describe the role of and opportunities for public health to develop and implement quality improvement strategies and interventions within health settings. Exemplary state programs will describe the role they have played in facilitating the adoption and implementation of the model within and across systems. The session will address strategies that state heart disease and stroke prevention programs can utilize to identify and develop partnerships, garner support and buy-in, and facilitate the adoption of the model. Particular focus will be given to explaining the components of the Chronic Care Model and how it can drive policy and systems changes within health settings and via the collaborative.

WEDNESDAY, MARCH 2, 2005

D09 REACHING OUT TO DIVERSE POPULATIONS TO PROMOTE WELLNESS IN THE WORKPLACE

1:30 p.m.– 2:30 p.m.

Magnolia

Moderator

Pamela Allweiss, M.D., M.P.H.
Centers for Disease Control and Prevention

Presenter/Speaker

Pamela Allweiss, M.D., M.P.H.
Centers for Disease Control and Prevention

Presenter/Speaker

Sabrina Harper, M.S.
Centers for Disease Control and Prevention

Presenter/Speaker

Betsy Rodriguez, M.S.N., C.D.E.
Centers for Disease Control and Prevention

The National Diabetes Education Program, a joint project of the CDC and NIH, has several workgroups addressing the needs of diverse populations, including the African American Workgroup, Latino Hispanic Workgroup, and the Business and Managed Care Workgroup (BMC). The BMC has developed tools for the business community to “take on diabetes.” The BMC is now building bridges with other workgroups, starting with the Latino Hispanic Workgroup, to develop tools and partnerships to reach special populations at the work site to promote wellness. These activities include translation of the lesson plans and other tools at diabetesatwork.org into Spanish and reaching out to Latino Hispanic businesses to develop conferences and lunch and learns. Other programs will be developed with the other workgroups as well.

WEDNESDAY, MARCH 2, 2005

D10 **FLORIDA'S PUBLIC HEALTH RESPONSE IN THE FACE OF FIVE
NATURAL DISASTERS: CHALLENGES FOR OUR DISPARATE
POPULATIONS**

1:30 p.m.- 2:30 p.m.

International C

Moderator

Jennie A. Hefelfinger, MS
Florida Department of Health

Presenter/Speaker

Jennie A. Hefelfinger, MS
Florida Department of Health

This session will address the challenges Florida's disparate population faces in times of natural disaster. Presenters will discuss the major impact of natural disaster on that population. In the face of five natural disasters, Florida's public health system identified the special needs of its disparate population during those challenging times. This session will focus on defining the public health infrastructure needed when facing natural disasters.

WEDNESDAY, MARCH 2, 2005

D11 **DEFINING RACE AND ETHNICITY: LEGAL AND PRACTICAL IMPLICATIONS**

1:30 p.m.– 2:30 p.m.

International 9

Moderator

Philip Huang, M.D., M.P.H.

Texas State Department of Health

Presenter/Speaker

Defining race and ethnicity

John Lumpkin, M.D., M.P.H.

Robert Wood Johnson Foundation

The concepts of race and ethnicity are at the core of health disparities; however, these concepts are poorly defined and are not used consistently throughout the literature on health disparities. This presentation will seek to add clarity to the current definitions of race and ethnicity in the context of health disparities. Presenters will distinguish between race and ethnicity, share clear definitions of race and ethnicity, and highlight the legal implications of each definition. Participants will be keenly aware of the practical implications of using race and ethnicity when reporting health disparities.

WEDNESDAY, MARCH 2, 2005

D12 DOES EQUAL ACCESS SOLVE THE PROBLEM?

1:30 p.m.– 2:30 p.m.

International 10

Moderator

Earl W. Schurman

Maryland Department of Health and Mental Hygiene

Presenter/Speaker

Does Equal Access Solve the Problem?

Marilyn H. Sitaker, M.P.H.

Washington State Department of Health

Using a point/counterpoint format, this presentation will provide differing views on the ability of equal access to health care to solve health disparities challenges. Through an interactive session, participants will engage in a discussion about the obvious challenges to access: Availability of resources; geographic proximity; ability to pay; coverage; and transportation; as well as other, less apparent factors: language and cultural appropriateness, among others. Additionally, participants will learn about findings from studies that question whether lack of access to care is the primary reason health disparities exist. Particular focus will be given to defining equal access and other high-impact issues.

WEDNESDAY, MARCH 2, 2005

D13 **STRENGTHENING THE RELATIONSHIP BETWEEN ACADEMIA
AND THE COMMUNITY**

1:30 p.m.– 2:30 p.m.

International B

Moderator

Elizabeth Baker, Ph.D., M.P.H.

Saint Louis University School of Public Health

Presenter/Speaker

Yvonne Lewis, B.B.A., B.S.

Faith Access to Community Economic Development (FACED)

Community members are often at the forefront of understanding and action when it comes to addressing social determinants of health inequities. This workshop will enable community members to share with each other and health practitioners/academics the specific strategies they have found useful in working with academics and practitioners to move the health agenda to focus on these critical areas.

WEDNESDAY, MARCH 2, 2005

D14 THE AFRICAN AMERICAN COLLABORATIVE OBESITY RESEARCH NETWORK: A POTENTIAL STRATEGY FOR REACHING THE DEEP STRUCTURE UNDERLYING THE OBESITY PROBLEM IN AFRICAN AMERICAN COMMUNITIES

1:30 p.m.- 2:30 p.m.

International A

Moderator

Emma Green, M.P.H.

National Association of County and City Health Officials

Presenter/Speaker

Shiriki K. Kumanyika, Ph.D., M.P.H.

University of Pennsylvania School of Medicine

Presenter/Speaker

Tiffany L. Gary, Ph.D.

Johns Hopkins University Bloomberg School of Public Health

Presenter/Speaker

T. Elaine Prewitt, Dr.P.H.

University of Arkansas for Medical Sciences College of Public Health

Translating the concept of social determinants of health equity into effective strategies to address chronic disease issues can seem daunting. Obesity is one of the most significant chronic disease problems facing our nation, and the burden of obesity is particularly high in African American communities. This session will feature a speaker from the African American Collaborative Obesity Research Network (AACORN). AACORN was formed in 2002 to stimulate and support greater participation in obesity research by investigators who have social and cultural grounding in African American life experiences, bringing together 11 African American researchers from 10 different universities or research centers around a common vision of "healthy weight, freedom from obesity-related health problems, and high quality of life for African American youth, adults, and elders." Informed by a review of the broader obesity research agenda nationally, and on a workshop involving diverse researchers and research collaborators as well as CDC staff, AACORN is developing novel research approaches that may lead to creative programming applicable to addressing obesity and related chronic diseases in African American communities. The session will highlight innovative approaches to research development, including the use of nontraditional data to develop program designs (e.g. reviewing literary and historical works) as well as examining cultural and family structure and how they play a role in obesity in African Americans. Focus will be given to the value of delving deeper than current literature to address the underlying structure of the obesity epidemic.

WEDNESDAY, MARCH 2, 2005

E01

CHALLENGES TO FAIRNESS AND EQUITY, AND WHAT WE CAN DO ABOUT THEM: PARTNERS FOR EQUITABLE ACCESS TO HEALTH CARE FOR POPULATIONS WITH SPECIAL NEEDS

3:00 p.m.- 4:00 p.m.

Champagne

Moderator

Carol Steiner, R.N., M.N.

Department of Human Resources, GA

Presenter/Speaker

American Association on Health and Disability

Vera Kurlantzick, M.S.

American Association on Health and Disability

Presenter/Speaker

Disability and Health Program in South Carolina

Suzanne McDermott, Ph.D.

Department of Family and Preventive Medicine USC School of Medicine

A panel of presenters will discuss physical and mental disabilities and how cross-system partnerships expand our ability to address resulting inequity challenges. Building on the example of disabilities, the panel will introduce several concepts about cross-system partnerships that can be used with other special populations. Participants will hear real examples of cross-system partnerships that have been successful in meeting the prevention and treatment needs of this population and the factors they have in common. Special focus will be given to discussing the challenges cross-system partnerships still face in meeting these needs.

WEDNESDAY, MARCH 2, 2005

E02 **INEQUITIES IN HEALTH FOR RURAL POPULATIONS: CAN POLICY MAKE A DIFFERENCE?**

3:00 p.m.- 4:00 p.m.

Picard/Chablis

Moderator

Kathleen Nolan, M.P.H.

National Governor's Association

Presenter/Speaker

Rural Health

Keith Mueller, Ph.D.

RUPRI Center for Rural Health Policy Analysis

By expanding the understanding of the policy issues that impact health care access and prevention efforts aimed at a rural population, this session will begin to build a picture of change that will move chronic disease policy beyond an urban focus. This session will address barriers to changing the status of health disparities in rural and remote populations. Focusing on policy challenges that impact rural populations, the presenter also will address American Indian/Alaska Native populations.

WEDNESDAY, MARCH 2, 2005

E03 ARE SOCIAL MARKETING APPROACHES POSITIVELY CHANGING KNOWLEDGE AND BEHAVIOR?

3:00 p.m.- 4:00 p.m.

Consulate

Moderator

Renee Brown-Bryant, MSW
DRH/NCCDPHP

Presenter/Speaker

Moving People to Move: Mid-point Results of the Walk the Ozarks to Wellness Project

Nikki M. Caito, M.P.H., M.S., R.D., L.D.

Saint Louis University School of Public Health

Presenter/Speaker

Reaching Spanish-speaking Hispanic women to prevent birth defects by promoting folic acid

Christine E. Prue, Ph.D.

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities

Presenter/Speaker

Huesos Fuertes, Familia Saludable (Strong Bones, Healthy Family): Improving Bone Health Among Latino Mothers

Nestor Martinez, MPH, RD

California Project LEAN

Presenters on this panel will showcase efforts to use social marketing to increase knowledge, and ultimately change behavior, among high-risk and underserved populations. In six rural underserved communities in Missouri's Ozark region, the "Walk the Ozarks to Wellness" Project uses tailored newsletters to increase walking among low-income, overweight, rural Missourians who have or are at risk for becoming overweight and diabetic. Although they are still in the process of conducting a five-year longitudinal study of walking, there are variables that significantly improved at the mid-point analysis of the program. They also have realized the impact that tailored newsletters, as part of a multicomponent intervention, can have on increasing awareness and knowledge about the role of exercise in decreasing the risk of obesity and diabetes in high-risk populations.

Another multiyear evaluation was of a Spanish-language communication campaign, aimed at increasing folic acid awareness, knowledge, and consumption among 18 to 35 year-old Spanish-speaking Hispanic women for the prevention of neural tube birth defects. The presenter will share the results of the evaluation, as well as lessons learned in conducting process and outcome evaluation of communication campaigns.

The third project, also aimed at Spanish-speaking women was the implementation and evaluation of Huesos Fuertes, Familia Saludable (Strong Bones, Healthy Family) social marketing intervention in four Latino-dominant communities in California. The presenter will share bone health intervention strategies for reaching this population and lessons learned from implementing and evaluating the project.

WEDNESDAY, MARCH 2, 2005

E04 INCREASING CANCER SCREENING RATES AMONG DIVERSE POPULATIONS

3:00 p.m.– 4:00 p.m.

Magnolia

Moderator

Mary C. White, ScD, MPH

Epi and Applied Research Branch /DCPC/CDC

Presenter/Speaker

Increasing Colorectal Cancer Screening Rates among African Americans:
Varying approaches in community and clinical settings

Selina A. Smith, M.S., Ph.D.

Morehouse School of Medicine/Department of Community Health &
Preventive Medicine, Prevention Research Center

Presenter/Speaker

Colorectal Cancer Screening among Latinos from U.S. Cities along the
Texas-Mexico Border: A Qualitative Study

Maria E. Fernandez, Ph.D.

University of Texas Health Science Center at Houston, Center for Health
Promotion and Prevention Research, School of Public Health

Presenter/Speaker

Colorectal Cancer Screening among Minorities in Florida

Zhaohui Fan, MD, MPH

Florida Department of Health, Bureau of Epidemiology, Chronic Disease
Epidemiology Surveillance and Evaluation Section

Each member of this panel will describe efforts for increasing colorectal cancer screening among diverse populations. To begin, participants will hear about a study that assesses factors that influenced colorectal cancer screening among low-income Latinos living along the Texas-Mexico border. Four focus groups with low-income Latino men and women were conducted to identify demographic, psychosocial, and cultural factors potentially related to colorectal cancer screening. A summary of the results from these focus groups, including barriers to colorectal screening as well as priority areas for research, will be shared. The next presenter will discuss the analysis of the 2002 Florida County Behavioral Risk Factor Surveillance System (BRFSS) data to identify the prevalence of colorectal cancer screening among adults aged 50 years and older. Participants will learn of the racial disparities in colorectal cancer screening among Floridians that this analysis exposed as well as the factors that were associated with this data. In conclusion, the purpose of the third study was to examine three methods of education and their effects on the knowledge, attitudes, and beliefs of African Americans regarding colorectal cancer screening and whether reducing the financial barrier would increase screening rates. The study results suggest strategies for marketing and increasing participation in intervention trials among the African American population.

WEDNESDAY, MARCH 2, 2005

E05 THE BENEFITS OF CULTURALLY COMPETENT CARE - THREE DIVERSE EXAMPLES

3:00 p.m.- 4:00 p.m.

Stockholm

Moderator

Parul D. Nanavati, MPH
CDC

Presenter/Speaker

Out on the Prairie: Homophobia, Heterosexism, and Oblivious Disregard-Rural Health Hazards

Sherri L. Paxon, B.S.

North Dakota Department of Health, Division of Chronic Disease

Presenter/Speaker

Investigating Unrecognized Risk of the Metabolic Syndrome in African-American Women: The Role of Psychological Factors

Daphne P. Ferdinand, Ph.D., A.P.R.N.

Southern University and A&M College, School of Nursing, Office of Research

Presenter/Speaker

Public Health Villains or Good Guys: Do we know the difference?

Barbara A. Yamashita, M.S.W.

Hawaii State Department of Health, Community Health Division

Through three diverse examples, participants will enjoy an opportunity to learn of the benefits of culturally competent care. The first project determined associations between psychological factors of self-concept, self-efficacy, and stress, and the metabolic syndrome in obese African American women.

Researchers were able to describe culturally specific psychological factors that influence risk for diabetes and coronary heart disease as well as identify recommendations to public health care providers to improve early identification and treatment of the metabolic syndrome in African American women. The second project, set in Hawaii, found that epidemiological data on the chronic disease burden clearly demonstrates consistent and increasing health disparities, particularly of those with low incomes and/or low education and those in rural areas. In response, the health department conducted a series of focus group discussions with representatives of these groups. Feedback suggests that changes in the methodology of prevention programs, health research, and evaluation are needed. Participants will learn what the health department is doing to create these suggested system changes. Health disparities for the Lesbian, Gay, Bisexual, and Transgender (LGBT) population exist and homophobia, heterosexism, and oblivious disregard impact the issues both for the patient and the provider. Participants will learn about these disparities and about a survey of health services for LGBT individuals in North Dakota that adds validity to provider training sessions to heighten awareness of health disparities. This training is needed before solutions can be implemented and "buy-in" occurs.

WEDNESDAY, MARCH 2, 2005

E06 IMPROVING HEALTH AND REDUCING COSTS: MODELING CHANGES IN HEALTH SYSTEMS

3:00 p.m.– 4:00 p.m.

International A

Moderator

Sharon K West, BSN
Mission Hospital's

Presenter/Speaker

Keeping ME Healthy: The Maine Youth Overweight Collaborative
Joan Orr, B.A., C.H.E.S.
Maine Center for Public Health

Presenter/Speaker

Lessons Learned in Miami in Complex Care Delivery, Disease Management and Navigation with Underserved Populations
Margaret McLoughlin, R.N., J.D.
Jackson Health System, Community Access Program of Miami-Dade County

Presenter/Speaker

Inequities in Access to "Best Medicines": Role of Public Health in Fight Against Health Disparities
Katharina A. Kovacs Burns, M.Sc., M.H.S.A., Ph.D.
University of Alberta, Faculty of Nursing

Members of this panel will describe efforts to improve health, prevent inequities and health disparities, and reduce costs by assessing health systems and identifying promising changes. Based on a literature and news review of Canadian and American health care systems and public policies that specifically focus on addressing drug choices, coverage, and other access issues, researchers identified inequities leading to health disparities and opportunities for public health to play a key role in influencing policy decisions and health system inadequacies. Another panelist will convey lessons learned from three years of a coordinated program of disease management and health navigators in a Florida community with high numbers of uninsured, underserved populations. Mechanisms of coordination that have proven successful for the Community Access Program (CAP), a large collaborative in Miami, will be identified. Next, participants will be briefed on the Maine Youth Overweight Collaborative, which used the "Breakthrough Series Collaborative" to address the documented need for provider intervention tools and practice protocols. The presenter will describe the key components of the model used in the collaborative and the key measures used to evaluate its success.

WEDNESDAY, MARCH 2, 2005

E07 MINORITY HEALTH SURVEYS AND MINORITY PARTICIPATION IN HEALTH SURVEYS

3:00 p.m.- 4:00 p.m.

Sydney

Moderator

Loria Pollack, MD, MPH

CDC/NCCDPDH/ Div. of Cancer Prevention and Control

Presenter/Speaker

Assessing Health Disparities: Results of the Oklahoma Minority Health Survey

Janis E. Campbell, Ph.D.

Oklahoma State Department of Health, Chronic Disease Service

Presenter/Speaker

Race, Ethnicity, and Linguistic Isolation as Determinants of Participation in Public Health Surveillance Surveys

Michael W. Link, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

In order to plan, implement, and evaluate programs designed to eliminate health disparities among racial and ethnic minority populations, public health officials and researchers require valid and reliable public health surveillance data. This session presents two cases that evaluated the assessment of health disparities of minority populations. The first case studied monthly public health surveillance data collected by the Behavioral Risk Factor Surveillance System (BRFSS) in 2003. The presenters found that areas with higher percentages of African Americans, Hispanics, and those who do not speak English were significantly less likely to participate in public health surveillance. In response, the BRFSS is investigating two alternatives for reaching these underrepresented groups. The second case illustrates how a statewide minority telephone health survey was implemented among racial/ethnic minority adult populations in order to obtain a larger sample from these groups than the standard BRFSS. Presenters will explain how to conduct a successful statewide minority health survey that provides critical evidence-based data on racial/ethnic disparities regarding health status, access to care, and behavioral risk factors.

WEDNESDAY, MARCH 2, 2005

E08 SMOKING CESSATION PROGRAMS AND STATE SMOKING REDUCTIONS

3:00 p.m.– 4:00 p.m.

International B

Moderator

LaTisha L Marshall, MPH

Centers for Disease Control and Prevention/Office on Smoking and Health

Presenter/Speaker

Trying to Quit: Low income smokers' access to cessation care in a managed care environment

Millicent Fleming-Moran, Ph.D.

Indiana University, Department of Applied Health Science

Presenter/Speaker

Success Stories! California and New York Reduced Smoking and Health Disparities

Bruce Leistikow, M.D., M.S.

University of California, Davis, School of Medicine, Department of Public Health Sciences

Presenter/Speaker

Socioeconomic disparities in smoking and recent quitting in Maine: individual and town level predictors

Nancy Sonnenfeld, Ph.D.

RTI International, Disease Control and Registries Program, Survey Research Division

This session highlights three projects assessing the efforts of smoking cessation and state smoking reduction programs. In one project, researchers determined the proportion of current smokers in a primary care provider (PCP), managed care, safety net insurance program having access to at least one cessation advisement visit in the previous year. The presenter will share the findings of this study, as well how the data may assist efforts to target patients in need of smoking cessation intervention. In Maine and other states, comprehensive programs, which include local community mobilization components, have been implemented to prevent tobacco use. Even so, state health departments rarely have sufficient data to provide community-specific statistics. The presenter will illustrate that characteristics of the area must be taken into account in tobacco prevention programs and individual risk factors associated with smoking must be delineated. The third project was an assessment of the associations between U.S. health inequities and both smoke exposure and state smoking reductions. The participants will learn of ways to measure smoke effects on health disparities.

WEDNESDAY, MARCH 2, 2005

E09 TRAINING COMMUNITY MEMBERS AS HEALTH WORKERS TO REACH THE UNDERSERVED

3:00 p.m.- 4:00 p.m.

International 8

Moderator

Janisa L Clayton,
NCCDPHP/Division of Diabetes

Presenter/Speaker

A community-based partnership to address barriers to physical activity in an African American community

Marcus Plescia, M.D., M.P.H.

North Carolina Department of Health and Human Services, Division of Public Health

Presenter/Speaker

Public housing residents are catalysts to enhanced public health promotion and community linkages

Erin E. Gray, MPH

Boston University, Partners in Health and Housing Prevention Research Center, School of Public Health

Presenter/Speaker

Developing a Rural Health Promotion Specialist Program to Provide Preventive Health Care to the Medically Indigent

Joy Maltese, R.N.

District 4 Health Services

This session focuses on using community members to promote preventative health care in underserved regions. The first segment will use the Troup and Heard counties of West Georgia as an example of how community health workers were recruited and trained. In this setting, where hypertension was problematic, community health workers were recruited, received one day of training, and were successful in convincing individuals to resume their prescribed medication regiment. Participants then will be exposed to different ways in which trained community health workers can effectively promote positive health initiatives within their neighborhoods. The Boston Housing Authority study will be used to demonstrate specific examples of how resident health advocates were able to establish improved health within a housing development and introduce residents to under-used health services available to them in that setting. To conclude the session, participants will be introduced to a partnership between a community coalition, lay health advisors, and a local branch of the YMCA and the three different ways in which the efficacy of using community health workers was assessed. The presenter will describe how follow-up studies from the CDC's REACH 2010 project displayed improved health for citizens of communities where community health workers were utilized as tools for promoting preventative health.

WEDNESDAY, MARCH 2, 2005

E10 CULTURE INFLUENCES ON HEALTH

3:00 p.m.- 4:00 p.m.

International 9

Moderator

Jennifer X. Hartfield, MPH, BS
Morehouse School of Medicine

Presenter/Speaker

Fruit and Vegetable Consumption Among African American Women: Do Cultural Characteristics Help Identify Sub-Groups With Greater and Lesser Consumption

Ajlina Karamehic, MA, PhD
Saint Louis University, School of Public Health

Presenter/Speaker

Reducing the Risk of Obesity in Latino Children

Andra Opalinski, RN-MSN, PNP
University of Colorado Health Sciences Center, School of Nursing

Presenter/Speaker

The Use of Cultural Competency Training to Begin Chronic Disease Program Integration

Eric Weiskopf, Med.
New York State Department of Health, Diabetes Prevention and Control Program

Before changes in health disparities are achieved, public health practitioners need to understand how culture influences not only the populations they serve, but themselves as well. Toward that end, the first presenter will describe replicable one-day trainings in cultural competency that can be used for local and state partners as a first step in eliminating disparities. Participants will learn how to use the template to implement trainings in their communities as well as how chronic disease programs can collaborate on training efforts. Then participants will learn of a study that was conducted to identify cultural beliefs and practices of Latino families regarding causes of childhood obesity. The study identified factors that contributed to overweight in Latino children as well as suggestions for interventions and further investigation. The third presenter will reinforce the importance of cultural variables in influencing health behaviors. The study explored whether and how four cultural variables - collectivism, racial pride, religiosity, and time orientation - contribute to identifying subgroups of African American women who differ in their level of daily fruit and vegetable consumption. The results indicated that psychosocial and cultural characteristics distinguished subgroups of these women. Information on cultural variables can help improve public health programs designed to influence health behaviors.

WEDNESDAY, MARCH 2, 2005

E11 WAYS OF BRINGING ABOUT CHANGE IN SOCIAL DETERMINANTS OF HEALTH INEQUITIES (PART ONE)

3:00 p.m.– 4:00 p.m.

Bonn

Moderator

Constance Mols Bayles, PhD

University of Pittsburgh, Graduate School of Public Health, Department of Epidemiology, Center for Healthy Aging

Presenter/Speaker

Health Perceptions and Knowledge of Healthy Choices among Adult Mexican Americans with Intellectual Disabilities

Janine Jurkowski, M.P.H., Ph.D.

University at Albany, School of Public Health, Health Policy, Management & Behavior

Presenter/Speaker

Education and Negative Affect as Prospective Factors in Hypertension Disparities Between White and Black Women

Bruce S. Jonas, Sc.M., Ph.D.

Centers for Disease Control and Prevention

Presenter/Speaker

Lessons Learned From the Field: Faith-Based Breast and Cervical Cancer Early Detection Project

Elizabeth Ann Calhoun, Ph.D.

University of Illinois at Chicago, School of Public Health, Division of Health Policy and Administration

This session concerns ways of bringing about change in social determinants of health inequities. Using the National Health and Nutrition Examination Survey (NHANES 1) Epidemiologic Follow-up Study (NHEFS) - a longitudinal study of the participants in NHANES 1 - researchers tested the hypothesis that education and negative affect are prospectively associated with hypertension incidence among white and black women. Results indicated that women's hypertension incidence risk disparities were independently observed for blacks, low education, and elevated negative affect and that risk disparities were particularly pronounced for black women with low education and elevated negative affect. The presenter will discuss the findings and cite mechanisms, both direct and indirect, that may explain the relationship between psychological factors and hypertension disparities. The next panelist will describe the evaluation of a faith-based breast and cervical cancer early detection project and the lessons learned. Participants will learn about challenges inherent in linking minority women to cancer screening services as well as the screening behavior and perceptions of African American and Latino women. The third panelist will share research that explored health perceptions and knowledge of healthy choices for preventing chronic diseases among Latino adults with intellectual disabilities (ID) participating in programs at a community agency in Chicago. What was found was that health promotion programs that may include Latino adults with ID should be tailored to not only focus on knowledge of healthy choices, but also teach concrete strategies for behavior change. The presenter will share some of these strategies with the audience.

WEDNESDAY, MARCH 2, 2005

E12 CIVIL RIGHTS AND HEALTH CARE

3:00 p.m.- 4:00 p.m.

International C

Moderator

Joyce D.K. Essien, M.D., M.P.H.

Rollins School of Public Health, Emory University

Presenter/Speaker

Vernelia R. Randall, B.S.N., M.S.N., J.D.

University of Dayton

Presenter/Speaker

Roosevelt Freeman, JD

Department of Health & Human Services

Eliminating health disparities has been described as the civil rights movement of the 21st century. This session will provide an overview of the role of civil rights laws in ensuring fair and equal health care. Participants will learn how civil rights laws developed for health care and how they might be applied to vulnerable populations in their state and community. Presenters will discuss events and their impact on health care laws with strategies and implications for public health. The session will conclude with innovative ways public health professionals can work with their health care system and communities to eliminate health disparities.

WEDNESDAY, MARCH 2, 2005

E13 STRATEGIES TO ADDRESS HEALTH DISPARITIES IN THE WISEWOMAN PROGRAM

3:00 p.m.– 4:00 p.m.

Rhine/Savoy

Moderator

Charlene Sanders, M.P.H., R.D.

Centers for Disease Control and Prevention

Presenter/Speaker

Strategies to Address Health Disparities in the WISEWOMAN Program

Julie W. Will, Ph.D., M.P.H.

Centers for Disease Control and Prevention

Presenter/Speaker

Strategies to Address Health Disparities in the WISEWOMAN Program

Eric Finkelstein, Ph.D., M.H.A.

RTI International

Presenter/Speaker

Strategies to Address Health Disparities in the WISEWOMAN Program

Olga Khavjou, M.A.

RTI International

WISEWOMAN is a CDC-funded intervention program aimed at reducing cardiovascular disease (CVD) risk among low-income, uninsured women aged 40–64 years. WISEWOMAN projects have screened more than 8,200 minority women for body mass index, blood pressure, cholesterol, and blood glucose levels. Baseline data from January 2000 to December 2003 illustrate the extent of health disparities in minority women participating in WISEWOMAN: 82% of African American women, 63% of Hispanic women, 54% of Asian women, and 62% of Native American women have blood pressure readings that categorize them as pre-hypertensive or hypertensive. This session will describe the WISEWOMAN program and its impact on the cardiovascular health of minority populations. The presentation will include: a description of the WISEWOMAN screening and lifestyle intervention program; the prevalence of CVD risk factors at baseline by race/ethnicity; culturally relevant strategies to improve lifestyle behaviors and to reduce disparities; and one-year improvements in CVD risk factors by race/ethnicity.

WEDNESDAY, MARCH 2, 2005

E14 BRIDGING THE GAP OF HEALTH DISPARITIES: SUCCESSFUL EXAMPLES USING COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED PARTNERSHIPS

3:00 p.m.– 4:00 p.m.

International 10

Moderator

Brenda D. Hayes, DSW, MPH, MSW
Morehouse School of Medicine

Presenter/Speaker

Rev. Larry Hill
Northwest Youth Power, Inc.

Presenter/Speaker

William Murrain, JD
Oakhurst Medical Centers, Inc.

Presenter/Speaker

Betsy Rodriguez, M.S.N., C.D.E.
Centers for Disease Control and Prevention

Representing a national health foundation, a community health center, and a local grassroots organization operating in a public housing neighborhood, this panel will describe the pivotal role community health workers (CHWs) serve in bridging gaps between individuals at risk and health care providers. This session brings together organizations developing training curricula and materials for community health workers (promotoras de salud, as well as CHWs serving other ethnic groups and communities), organizations developing training programs teaching CHWs, and community health workers themselves. New tools for CHWs for teaching and supporting healthy lifestyle behavior changes will be highlighted. Further opportunities for partnership will be discussed. This panel presentation will focus on the successful collaborations these community and faith-based organizations have implemented with public and private agencies to address health disparities. Each one of these agencies has worked with an academic partner to facilitate educational and service projects aimed at the reduction and elimination of health disparities.

WEDNESDAY, MARCH 2, 2005

F01 USING SOCIAL MARKETING ASSESSMENTS TO DRIVE COMMUNICATION CAMPAIGNS DIFFERENTLY

4:15 p.m.- 5:15 p.m.

Champagne

Moderator

Judith W. Lee, MS, PhD
CDC/NCCDPHP/DCPC/EARB

Presenter/Speaker

Improved Targeting of Smokers with Cessation Messages: Insights from the HealthStyles and ConsumerStyles Surveys

David E. Nelson, M.D., M.P.H.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Changes of Fortune: working with the telenovela industry to communicate health messages about diabetes

Jane M. Kelly, M.D.

Centers for Disease Control and Prevention

Presenter/Speaker

Betsy Rodriguez, M.S.N., C.D.E.

Centers for Disease Control and Prevention

This session focuses on the social marketing assessment of communication campaigns designed to reach high-risk populations. Analyses of the 2002-2003 HealthStyles and ConsumerStyles consumer databases found that differences exist in terms of different communication channels, between smokers and non-smokers, as well as among smokers themselves by confidence and plans to quit. Presenters will highlight specific channels that may be most appropriate for targeting cessation messages to different types of smokers, as well as how to use the findings to identify potential partners and plans for future interventions. Next will be a presentation on the approaches taken by the CDC Division of Diabetes Translation as they work with the telenovela (Spanish language serial dramas that typically focus on emotional human interactions) industry to incorporate public health messages. The presenter will identify ways in which public health messages targeting Hispanic/Latino audiences can be communicated through telenovelas, as well as the concept of depicting characters modeling behaviors that result in good or poor health outcomes. Concluding the session is a presentation on the National Diabetes Education Program (NDEP), a joint initiative of the CDC and the National Institutes of Diabetes, Digestive, and Kidney Disease (a network involving more than 200 private and public partners invested in reducing the burden of diabetes). Participants will learn about the NDEP partnership network, partner survey results describing the use of NDEP materials, the five components of NDEP, and its campaigns addressing health disparities populations.

WEDNESDAY, MARCH 2, 2005

F02 ENVIRONMENTAL APPROACHES TO ASSESSING AND ADDRESSING COMMUNITY HEALTH PROMOTION

4:15 p.m.– 5:15 p.m.

Magnolia

Moderator

Bill Potts-Datema, MS
Harvard School of Public Health

Presenter/Speaker

THRIVE: Toolkit for Health and Resilience in Vulnerable Environments
Larry Cohen, M.S.W.
Prevention Institute

Presenter/Speaker

Project WOW: Implementing a multi-level walking intervention in rural Missouri
Sarah L. Lovegreen, M.P.H., C.H.E.S.
Saint Louis University, School of Public Health

Presenter/Speaker

An investigation of the environment and diabetes risk in rural communities
Karrisa Weidinger, M.P.H.(c), C.H.E.S.
Saint Louis University School of Public Health Prevention Research Center

Focusing on environmental approaches to assess and address community health promotion, this panel will begin with details of an investigation into the factors of the home and community environment associated with elevated hemoglobin A1c (HbA1c) levels (a marker of long-term blood sugar control that suggests a risk level for diabetes) among overweight, nondiabetic individuals. Next, participants will learn about the development and implementation of Project WOW, a multiyear community-based research program used to promote physical activity, specifically walking, in rural Missouri. Findings from the project identified characteristics of a successful steering committee and community program to promote walking in a rural setting with high rates of type 2 diabetes. In conclusion, this session will describe the piloting of THRIVE, the Toolkit for Health in Resilience in Vulnerable Environments, to determine its applicability and utility as a framework for identifying and addressing community conditions that can improve health outcomes and close the health gap. Participants also will learn about examples of how community-level data on community factors can guide residents in formulating programs and policies that will reduce health disparities.

WEDNESDAY, MARCH 2, 2005

F03 GUIDELINES AND COMPLIANCE: PATIENT, PROVIDER, OR JUST POOR DOCUMENTATION?

4:15 p.m.– 5:15 p.m.

Consulate

Moderator

David L. Poehler, BS, MS, PhD, CHES
CDC/NCCDPHP/DASH

Presenter/Speaker

Compliance with Pediatric Asthma Guidelines in General Emergency Departments

Ellen A. Vasser, M.S.N., R.N.

Children's Hospital of The King's Daughters, Center for Pediatric Research

Presenter/Speaker

Adherence to guidelines for following up low-grade Pap results by age and race or ethnicity

Vicki Benard, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Improving Chronic Disease Outcomes in Correctional Health Care Programs

Ronald Shansky, M.D., M.P.H.

National Commission on Correctional Health Care

This panel presentation focuses on compliance with guidelines for care in health systems. In a study of low-income and uninsured women in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), less than half of the women studied with abnormal cervical cytology received follow-up care according to the recommended guidelines. The presenter will discuss what factors might have influenced this outcome as well as further efforts to investigate the issue and recommend interventions. The second project explored use of the National Heart, Lung, and Blood Institute (NHLBI) Pediatric Asthma Guideline in general emergency departments with the plan of fostering guideline adherence and thereby improving quality of care. Researchers found that, while there appears to be significant room for improvement in pediatric asthma guideline compliance, this issue is primarily one of poor documentation rather than inadequate care. The presenter will discuss the differences in parents' perception of their child's emergency department visit vs. documentation of the visit as found in the medical record. To conclude, the third presenter will describe efforts to develop an effective chronic disease outcome measurement program for prison health care systems that will result in improved patient care. Participants will hear how the study expanded on nationally recognized chronic disease clinical guidelines by describing strategies to overcome barriers to their implementation commonly found in correctional settings and by developing a simple measurement tool that health care providers could use in assessing and improving patient care. Although the project is still in the process of determining improvement, preliminary data showing improved chronic disease care are encouraging.

WEDNESDAY, MARCH 2, 2005

F04 MEASURING HEALTH DISPARITIES

4:15 p.m.– 5:15 p.m.

Stockholm

Moderator

Dhelia Williamson, M.P.H.

Agency for Toxic Substances and Disease Registry, Division of Health Studies, Health Investigations Branch

Presenter/Speaker

Measuring Population Health Disparities: The Wisconsin County Health Rankings

Angela M. Kempf, M.A.

University of Wisconsin-Madison, Wisconsin Public Health and Health Policy Institute, Department of Population Health Sciences

Presenter/Speaker

Challenges to Measuring Health Care Disparities in the National Healthcare Disparities Report: Disparities in Data

Ernest Moy, M.D., M.P.H.

Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety

Presenter/Speaker

Developing Unique Community-Based Infrastructure for Assessment to Identify, Monitor, and Assist Disparate Populations

Alex Charleston, BS

Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics

This session will reinforce the importance of measuring health disparities at the local and national level and share methods for accomplishing both. The first presenter will provide an overview of the Wisconsin County Health Rankings, an annual compilation of county data on community health, as well as the methods used to develop such a summary. The rankings provide a valuable vehicle for the delivery and discussion of county-level health information and a means of engaging stakeholders in the discussion of approaches to reduce observed disparities. Next, researchers assessed the ability of extant national data sets, in this case, the National Healthcare Disparities Report (NHDR), to measure health disparities in access, use, and quality for different racial and ethnic groups. Participants will learn of the challenges related to measuring health care disparities for smaller groups of minorities using extant national data sets. The third presenter will describe the Centers for Disease Control and Prevention (CDC) Assessment Initiative, a cooperative program between CDC and state health departments that supports the development of systems and methods that improve the way data is used to inform public health decisions and policy. The current roles and responsibilities of the Assessment Initiative, examples of innovative approaches to community health assessment and data use, and their potential impact on issues associated with health disparities will be presented.

WEDNESDAY, MARCH 2, 2005

F05 UNIQUE PARTNERSHIPS FOR EARLY DISEASE DETECTION

4:15 p.m. – 5:15 p.m.

Sydney

Moderator

Kristina L. Ernst, BSN, RNC, CDE
CDC/NCCDHP/DDT

Presenter/Speaker

Detecting Diabetes in East Harlem, New York through a "Food for Life" Festival

Louise Square

New York State Department of Health, Diabetes Prevention and Control Program

Presenter/Speaker

Carol Horowitz, M.D.
Mount Sinai School of Medicine

Presenter/Speaker

"From The Flying Deck, Get A Breast Check:
Selma J. Morris, Med
Grady Health System, Medical Affairs

Presenter/Speaker

An Effective Osteoporosis Education, Screening, Follow-Up and Treatment Initiative in the Asian Community
David B. Bauer, M.D., F.A.C.E.P., C.C.D.
Bone Density Specialists, PLC

Identifying unique partnerships can boost efforts to prevent and detect disease early. Such is the case in which the University of Michigan School of Nursing, the Michigan Public Health Institute, and the Healthy Asian American Project collaboratively provided lectures on osteoporosis to three Asian communities in Michigan. The one-day programs involved osteoporosis seminars, with a live Mandarin-speaking interpreter, and on-site bone density testing. The project concluded that focused programs combining education, on-site testing, and follow-up can effectively bring osteoporosis awareness, screening, and therapy to the Asian community, thereby reducing osteoporosis incidence and related fractures. The next project was a diabetes detection initiative in East Harlem, N.Y. Through an effective collaboration with local restaurants, state and local health departments, CDC, and HHS, a "Food for Life" community festival was held and offered healthy dishes prepared only with foods that could be found in the neighborhood. Festival attendees were asked to complete the American Dietetic Association's risk test for diabetes detection and participate in follow-up blood glucose testing if found to be high. Set in a nontraditional arena - the Hartsfield-Jackson Atlanta International Airport - the third project showcases a work site breast health program. Participants will learn of nontraditional arenas for promoting breast health, advantages of partnerships and collaborations, and lessons learned to replicate the program nationally.

WEDNESDAY, MARCH 2, 2005

F06

WAYS OF BRINGING ABOUT CHANGE IN SOCIAL DETERMINANTS OF HEALTH INEQUITIES (PART TWO)

4:15 p.m.- 5:15 p.m.

Bonn

Moderator

Frank Vinicor, MD, MPH,
Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Gender Disparities in Physical Activity Participation among Boston Youth
Alison M. El Ayadi, M.P.H.
Harvard University, School of Public Health, Harvard Prevention Research Center on Nutrition and Physical Activity

Presenter/Speaker

Health Inequities of Eastern North Carolina Native Americans: Comparisons with Latino Immigrants and African Americans
Dothula E. Baron-Hall, M.A.
MBA Services, Inc

Presenter/Speaker

Making a difference in our own lives: Pemiscot Male Mentoring Program
Alfonzo Branch
Pemiscot Male Mentoring Program

This session illuminates three more projects designed to bring about change in social determinants of health inequities. The objective of the first study was to examine gender disparities in barriers to physical activity participation among Boston youth. The study validated substantial gender disparities in meeting recommended levels of vigorous activity levels and sports team participation. The hope is that the study results can help guide efforts into improving opportunities for Boston girls to increase their participation in physical activity participation. The second presentation describes the Pemiscot County Male Mentoring Program (PCMMP), a program designed to decrease health disparities by assisting men in obtaining the education and skills necessary to acquire work. The panelist will describe how the PCMMP validated the association between educational attainment and health outcomes and was an important example of how community members can participate in defining the underlying factors affecting their community and work toward effective solutions. The third panelist will describe the Eastern North Carolina American Indian Rural Health Outreach Project, which was conceived in response to the overwhelming need for access to adequate, affordable, culturally appropriate health care for American Indians in rural North Carolina. Its focus is physical, mental, emotional, and spiritual health. The significance is that culturally appropriate health education, care, and services can decrease, and in some cases, alleviate, health disparities among these groups.

WEDNESDAY, MARCH 2, 2005

F07 HEALTH DISPARITIES IN HISPANICS

4:15 p.m.– 5:15 p.m.

International 8

Moderator

Joel Meister, Ph.D.

University of Arizona College of Public Health

Presenter/Speaker

Michael D. Lebowitz, M.A., Ph.C., Ph.D.

University of Arizona College of Public Health

Presenter/Speaker

Lisa K. Staten, Ph.D.

University of Arizona College of Public Health

Presenter/Speaker

Jill G. De Zapien, B.A.

University of Arizona College of Public Health

The session will focus on evidence of health disparities in chronic diseases in minority underserved populations, including health insurance and health care access and utilization. The panel will begin by clarifying some points including the definition of “health disparity” and how disparities relate to chronic disease, health care, and minority populations. Presenters will differentiate health disparities by race/ethnicity and geographic area and work with participants to deduce the underlying reasons. Participants will be able to construct new ideas for interventions to reduce disparities as well as the methods for evaluating such interventions.

WEDNESDAY, MARCH 2, 2005

F08 **INNOVATIVE APPROACHES TO PROSTATE CANCER
AWARENESS AND EDUCATION**

4:15 p.m.- 5:15 p.m.

International C

Moderator

Theodis Mitchell, Jr., M.S.

Centers for Disease Control and Prevention

Presenter/Speaker

Innovative Approaches to Prostate Cancer Awareness & Education

Jamal R. Allen-Rasheed, M.A., B.S.

Methodist Health System of Dallas

Presenter/Speaker

Innovative Approaches to Prostate Cancer Awareness & Education

Folakami T. Odedina, Bs.C., Ph.D.

Florida A&M University

Presenter/Speaker

Innovative Approached to Prostate Cancer Awareness & Education

Donna L. Berry, Ph.D., R.N.

University of Washington

This session will feature four programs from various regions of the country that use creative approaches when providing educational messages relating to prostate cancer. Topics will include prostate cancer educational awareness and outreach, informed decision-making, prostate cancer screening and treatment, follow-up, and support. The panel will identify best practices, express ideas, describe a clear vision of purpose for future efforts, and describe effective partnerships.

WEDNESDAY, MARCH 2, 2005

F09 **ADDRESSING DISPARITIES WITH PEOPLE WHO ARE DEAF:
OPPORTUNITIES FOR PARTNERSHIPS IN RESEARCH AND
HEALTH INTERVENTIONS**

4:15 p.m.– 5:15 p.m.

Rhine/Savoy

Moderator

Danielle S. Ross, Ph.D., M.S.

Centers for Disease Control and Prevention

Presenter/Speaker

Steven Barnett, M.D.

University of Rochester

Presenter/Speaker

Matthew J. Starr, M.P.H.

The Health Association/DePaul Innovative Solutions

Presenter/Speaker

Thomas A. Pearson, M.D., Ph.D.

University of Rochester

Deaf people who communicate in American Sign Language (ASL) comprise an understudied and medically underserved language minority community. This session will review the health and mental health disparities experienced by deaf people and their families, focusing on the similarities and differences between this community and other disparity populations. The presenters also will devote time to discussing the research challenges, opportunities, and strategies available to address access and quality issues in partnership with the deaf community. Participants will learn how to apply the findings to build partnerships with their local deaf communities, begin to measure and address disparities and examine chronic disease prevention with deaf people and their families.

WEDNESDAY, MARCH 2, 2005

F10 TAKING ACTION AGAINST DISPARITIES IN HEART DISEASE AND STROKE IN DIVERSE COMMUNITIES

4:15 p.m.– 5:15 p.m.

International 9

Moderator

Darwin Labarthe, M.D., M.P.H., Ph.D.

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

B. Wayne Kong, Ph.D., J.D.

Association of Black Cardiologists

Presenter/Speaker

Maria Eugenia Lane

National Council of La Raza

Presenter/Speaker

Melinda Martin

Association of Asian Pacific Community Health Organizations (AAPCHO)

Presenter/Speaker

H. Sally Smith

National Indian Health Board

This exciting program will gather together a panel of some of the most respected names from the Hispanic, African American, Asian-Pacific, and Native American communities to engage in a dialogue on eliminating racial and ethnic disparities in heart disease and stroke. All members of the National Forum for a Public Health Action Plan to Prevent Heart Disease and Stroke, presenters will explain the major disparities in heart disease and stroke and will discuss their organizational strategies to eliminate these disparities within the context of the Action Plan. They will share lessons learned, showcase examples of current partnership activities being undertaken to eliminate disparities, and distill practical information for effective interventions through dedicated partnerships for action at the local, regional, and national levels. Panel members also will present promising practices to optimize strategic partnerships that can impact quality of life in high-risk populations.

WEDNESDAY, MARCH 2, 2005

F11 MENTAL HEALTH, PHYSICAL HEALTH, AND HEALTH DISPARITIES: THE ROLE OF PUBLIC HEALTH

4:15 p.m.– 5:15 p.m.

International B

Moderator

Jim Lando, M.D.

Centers for Disease Control & Prevention

Presenter/Speaker

Bruce S. Jonas, Sc.M., Ph.D.

Centers for Disease Control and Prevention

Presenter/Speaker

John Head, B.A.

Carter Center

Presenter/Speaker

Corey Keyes, Ph.D.

Emory University, Rollins School of Public Health

The mission of the Coordinating Center for Health Promotion (CoCHP) is to enhance the potential for full, satisfying and productive living across the lifespan for all people, in all communities. The role of mental health in enhancing our ability to enjoy life and deal with the challenges faced across the lifespan is widely recognized. According to the World Health Organization's World Report (2001), more than 450 million people suffer from mental disorders worldwide, and one in four persons will develop a mental or behavioral disorder throughout their lifetime (WHO, 2001). The purpose of this session is to broadly discuss the role of public health in the promotion of mental health and prevention of mental disorders, and to discuss how the incorporation of mental health provides a means of addressing the issue of health disparities. The session will present research that examines the relationship between mental health and various chronic diseases (e.g., cardiovascular disease, cancer, diabetes) and will discuss how mental health could be incorporated into the work being done in the Coordinating Center for Health Promotion.

WEDNESDAY, MARCH 2, 2005

F12 **COMMUNICATIONS AND POLICY: RAISING AWARENESS OF
ALASKA NATIVES' CANCER BURDEN THROUGH STORIES,
DATA, AND GRAPHICS**

4:15 p.m.- 5:15 p.m.

Picard/Chablis

Moderator

Leslie Given

Centers for Disease Control and Prevention National Center for Chronic
Disease Prevention and Health Promotion

Presenter/Speaker

Christine A. DeCourtney, MPA

Alaska Native Tribal Health Consortium

The "Alaska Natives and Cancer" publication was designed to raise awareness at a state and national level regarding the burden of cancer in an indigenous population. Cancer rates for Alaska Natives are generally combined with other populations for national reporting purposes; diminishing understanding of the actual impact cancer has on the population. It is also designed to help Alaska Natives (through the mechanism they are most familiar with, stories) understand cancer - a devastating (number one cause of death) but relatively new disease - in the population. Participants will learn how to design publications for multiple audiences to help further the understanding of the burden of cancer and other chronic diseases through the use of cultural tools, evidence-based information, graphics and analogies.

WEDNESDAY, MARCH 2, 2005

F13 FUTURES UPDATE SPECIAL SESSION

4:15 p.m.- 5:15 p.m.

International 10

Presenter/Speaker

Donna F. Stroup, Ph.D., M.Sc.

Centers for Disease Control and Prevention, Coordinating Center for Health Promotion

Presenter/Speaker

Brad A. Perkins, M.D.

Centers for Disease Control and Prevention

Title: The Future Is Now

You may have heard about the Futures Initiative at the Centers for Disease Control and Prevention (CDC) and the introduction of new agency-wide goals. Join this session to learn from Bradley Perkins in CDC's Office of Strategy and Innovation how the Futures Initiative has taken CDC in a new direction with the goal of further improving the health of the people it serves. Also, hear from Donna Stroup who will introduce the interim leadership team for the Coordinating Center for Health Promotion and discuss collaborative projects from that center.

WEDNESDAY, MARCH 2, 2005

F14 COMMUNITY COMPETENCE: A PARADIGM FOR ADDRESSING DEVELOPMENT OF EFFECTIVE INTERVENTIONS**4:15 p.m.– 5:15 p.m.****International A****Moderator****Emma Green, M.P.H.**

National Association of County and City Health Officials

Presenter/Speaker**Robert Robinson, Dr. P.H.**

CDC

Populations experiencing disparities are typically characterized by minimal availability of effective interventions. It is well recognized that one shoe does not fit all and that interventions tailored to the specific needs of populations need to be developed if disparities are to be addressed and eliminated. Community Competence is a protocol to address a broad spectrum of issues impacting the efficacy and effectiveness of public health applications. These applications can range from survey protocols to health promotion materials to communication campaigns, including generic issues related to the competent delivery of services. Community Competence departs from cultural competence in that the latter is considered reductionist and a construct not sufficiently robust to include the full complexity of populations or communities. Community Competence has primary and secondary components. The primary component consists of history, culture, context, and geography and captures the ways in which populations are organized and define themselves as collectives. The secondary component consists of language, literacy, positive and salient imagery, multigenerational, and diversity and captures how best to operationalize the specific protocols that are being developed. The elements of these two components are dynamic and relative and will change in importance depending on the particular problem, intervention and population being addressed. Pathways to Freedom, a state-of-the-art tobacco cessation guide for African Americans, will be offered as a case study of Community Competence.

WEDNESDAY, MARCH 2, 2005

F15 POLICY CHALLENGES IMPACTING "OTHER" DISPARITIES

4:15 p.m.- 5:15 p.m.

Amsterdam

Moderator

Kathleen Nolan, M.P.H.

National Governor's Association

Presenter/Speaker

Disability Policy

Eileen Elias, M.Ed.

US Dept of Health and Human Services

This session will address the role of public health in impacting policies to address access and quality of care for people with disabilities. The presenter will take participants on an exploration of the unique policy issues that affect access to health care for people with disabilities. Discussion also will focus on the interventions and challenges chronic disease prevention and management efforts must address to change the health outcomes of people with disabilities, including mental disabilities. Questions addressed during this session will include: What can this population teach us about other health disparities and inequities in access and quality of chronic disease prevention and care? How can the power forces in disability policies be directed to advocate for improved chronic disease prevention in this population? Questions addressed during this session will include: What can this population teach us about other health disparities and inequities in access and quality of chronic disease prevention and care? How can the power forces in disability policies be directed to advocate for improved chronic disease prevention in this population?

WEDNESDAY, MARCH 2, 2005

GALA NETWORKING RECEPTION

6:00 p.m.– 8:00 p.m.

Atlanta Merchandise Mart

Now that you've learned what you need to know, now meet who you need to know. Make new contacts and reconnect with old at our Gala Networking Reception. Take a trip around the world with your fellow conference attendees in a multicultural experience. Aromas from ethnic Asian, Caribbean, Latin/Hispanic, and Native American dishes will tantalize your taste buds while music will entice you to move to the rhythm of the night. Mingle with local dignitaries, national leaders, and icons of social justice while partaking in this feast of the senses. Take a step toward bridging the gap of cultural understanding by attending the Gala Networking Reception.

Festive attire is welcome, but please wear comfortable shoes, as the short walk to the Atlanta Mart is slightly uphill. Don't miss this entertaining exploration of multicultural cuisine and music.